PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		Secre	ARTMENT OF STAT tary of State of corporations	TE .	03 JAN -7 A SECRETARY C			
DOCU	JMENT #	S07194				M MTT WALL OF STE	FLt.		
Inte	rnational Re	insurance, Ir	nc.						
O Division	i circ	·	I a			STATE	-10 mores		
2. Principal Office Address 3100 Ocean Blvd.			3. Mailing Office Ad 3100 Ocean				02-03		
Suite, Apt. #			Suite, Apt. #, etc.		4 5		· · · · ·		
Suite 2			Suite 2808		4. Date Inco	4. Date Incorporated or Qualified To Do Business in Florida 10/19/1990			
•	auderdale		Fort Lauder	dale	5. FEI Numb	per 117243	Applied For Not Applicable		
^{Zip} 33306	US	•	^{Zip} 33306	Country	6.	,	58.75 Additional Fee required for a Certificate of Status		
			7. Name ar	nd Address of Current Reg	istered Agent				
	Name Laure	nce B. Day							
	Street Address (P.	.O. Box Number is N	ot Acceptable) 3100	Ocean Blvd.	01 /	300001991 707/0301059	. Pege		
	Suite, Apt. #, Etc.	Suite 2808		90	00009919	1699			
	^{city} Fort Lauderdale					01/07/03-01059-003 **8 75 State Zip Code FL 33306			
8. I, being Signature of Registered		ered agent of the abo	ve named corporation, a	am familiar with and accept	the obligations of sect	tion 607.0505 or 617.0503, F	- 2		
		·	GISTERED AGENT MU			300	à		
	and Street Addresse	s of Each Officer and	l/or Director (Florida nor	profit corporations must list					
Titles	Officers and/or Directors			Street Address of Officer and/or Dir		City / State / Zip			
PD	Laurence B. Day		3100	Ocean Blvd, #280	8	Ft. Lauderdale, FL 33306			
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		···		· · · · · · · · · · · · · · · · · · ·					
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owed by on this a	istatement application y the corporation have application is true and	n, the reason for dissi e been paid and the i	Diution has been elimina names of individuals liste	ted, the comorate name sati	sfies the requirements for an exemption und under oath.	apter 607 or 617, F.S. I furthes s of section 607.0401 or 617. der section 119.07(3)(i), F.S.	0401, F.S., that all fees The information indicated		
SIGNAT		E AND TYPED OR PRI	NTED NAME OF SIGNING	OFFICER OR DIRECTOR		3 · 0.3 954	-873-6947		

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		PLEASE READ	ALL INS	TRUCTIONS	BEFORE (COMPLE	TING T	HIS FORM.	
	RPORAT ISTATEM	他是第四人才不 不够)	A DEPARTMEN Secretary of St vision of corpor	ate				
DOCU		T# S07194							
Inte	rnationa	al Reinsurance, I	nc.						
-	al Office Addr		1	3. Mailing Office Address 3100 Ocean Blvd.					
Suite, Apt. #			1	Suite, Apt. #, etc. Suite 2808			orporated or	Ouglifled	
City & State Fort Li	auderda	i.	City & State Fort Lauderdale			To Do Business in Florida 10/19/1990 5. FEI Number Applied For			
Zip 33306	Country USA		Zip 33306	Zip Country		G. CERTIFICATE OF STATUS DESIRED IX \$8.75 Additional Fee		Not Applicable tional Fee require tificate of Status	
-			7.	Name and Address o	f Current Register	ed Agent		Tor a Ger	incate of Status
	Name Laurence B. Day								
	Street Add	lress (P.O. Box Number is N	ot Acceptable)	<u> </u>		<u></u>			
	3100 Ocean Blvd. Suite, Apt. #, Etc. Suite 2808								
	Fort Lauderdale			,			State FL	33306	
8. I, being a	appointed the	registered agent of the abo	ve named corpo	oration, am familiar wit	h and accept the ob	ligations of sec	tion 607.050	5 or 617.0503, F.S.	
Signature of Registered Agent REGISTERED AG				ENT MUST SIGN			Date		
9. Names a	and Street Ad	dresses of Each Officer and	/or Director (Fig	orida nonprofit corpora	tions must list at lea	st 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD I	Laurence B. Day			3100 Ocean Blvd, #2808			Ft. Lauderdale, FL 33306		
	-v				·		<u> </u>		
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							<u> </u>		
				· · · · · · · · · · · · · · · · · · ·					
10. I certify th	hat laman o	fficer or director or the receiv	er or trustee	annuared to succeed "	nin anatina				

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617. F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Stroup, P.A. ATTORNEY AT LAW 119 SE 12th Street (Davie Blvd.) Ft. Lauderdale, FL

33316



James W. Stroup, Esquire

January 3, 2003

VIA FACSIMILE 8121 1519 9308

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE:

International Reinsurance, Inc.

Document No. S07194

Dear Division of Corporations:

Enclosed please find a Corporation Reinstatement form for the above-referenced corporation along with check no. 1180 in the amount of \$1,050.00 to cover reinstatement fees. Additionally, please find check no. 1757 in the amount of \$8.75 to cover the cost of a Certificate of Status for International Reinsurance, Ltd. after it has been reinstated. Please forward the Certificate of Status to our office in the enclosed FedEx envelope (Airbill No. 812115199319).

Thank you for your assistance in this regard and if you have any questions or comments, please do not hesitate to contact us.

Sincerely,

JAMES W. STROUP, P.A. .

Wendy N. Williams
Wendy N. Williams

Paralegal

Enclosures

Voice: 954-462-8808 Fax: 954-462-0278 Miami: 305-947-4695